

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041044

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 1190

FILED OCT 16 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Charles c. CITY OR TOWN St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b 10 years	c. CITY OR TOWN St. Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 2048 Moore
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH WILLIAM COOK			4. DATE OF DEATH Month Day Year October 8 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-25-1921	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Employed by Merx Plumbing		11. BIRTHPLACE (City and state or country) Cutler, Indiana.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Joseph Cook		13b. MOTHER'S MAIDEN NAME Josephine Thompson		14. NAME OF HUSBAND OR WIFE Helen Barnett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) yes W.W. II		16. SOCIAL SECURITY NO. 5		17. INFORMANT Address Helen Cook (wife) 2048 Moore, St. Charles, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) adhesive pericarditis 4/6 DUE TO (b) extreme coronary artery disease 4/201 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH years
---	--	---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hypertrophic cirrhosis of liver		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from held view to Oct. 8, 1963 Death occurred at 11:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		21b. I last saw her alive on
---	--	------------------------------

22a. SIGNATURE (Degree or title) Coroner	22b. ADDRESS 12 Cunningham Ct, St. Charles, Mo.	22c. DATE SIGNED 10/16/63
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 10-12-1963	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) St. Charles, Missouri		

24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.	25. DATE RECD. BY LOCAL REG. Oct 10 - 1963	26. REGISTRAR'S SIGNATURE Mabel Gurnall Dep
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

12-12-63

488-12-7513

311-18-0811

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

OCT 22 1963

OCT 21 1963

NOV 19 1963

2880
2880

0

1

1

1

STATEMENT BY LICENSED EMBALMER

E-1

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Bane

Licensed Embalmer No. 5060

P. O. Address St. Charles, Mo.

*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.